



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: JONATHAN FARRINGTON, et al.

Examiner: Ali Bayat

Serial No: 09/854,380

Art Unit: 2625

Filed: May 11, 2001

Docket: 17965 (GB 000054)

For: MEMORY AID

Date: August 27, 2004

Confirmation No.: 8647

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 02 2004

Technology Center 2600

AMENDMENT PURSUANT TO 37 C.F.R. § 1.111

Sir:

In response to the Office Action dated May 27, 2004, Applicant respectfully requests under the provisions of 37 C.F.R. § 1.111 that the above-identified Application be amended as follows and that the Application be allowed.

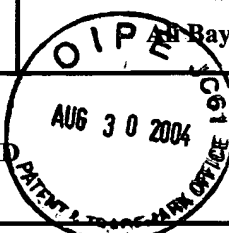

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

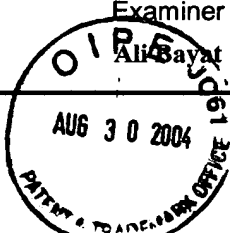

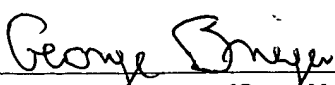
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 27, 2004.

Dated: August 27, 2004


George Brieger

2625
41

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 17965 (GB 000054)	
Applicant(s): JONATHAN FARRINGTON, et al.					
Application No. 09/854,380	Filing Date May 11, 2001	Examiner Ab Bayat	Customer No. 23389	Group Art Unit 2625	Confirmation No. 8647
Invention: <div style="text-align: center;">  MEMORY AID </div>					
<u>COMMISSIONER FOR PATENTS:</u> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				<div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em;">SEP 02 2004</div> <div style="font-size: 1.2em;">Technology Center 2600</div>	
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> No additional fee is required for amendment. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013 SSMP </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div>					
<div style="font-family: cursive; font-size: 1.2em;">George Brieger</div> <div style="text-align: center; font-size: 0.8em;">Signature</div>			Dated: August 27, 2004		
George Brieger Registration No. 52,652 Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, New York 11530			<div style="font-size: 0.8em;"> I certify that this document and fee is being deposited on Aug. 27, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="text-align: center; margin-top: 10px;">  <i>Signature of Person Mailing Correspondence</i> </div> <div style="text-align: center; margin-top: 10px;"> George Brieger <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		
cc:					

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INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013 SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="width: 35%; text-align: right;"> Dated: August 27, 2004 </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  _____ <i>Signature</i> George Brieger Registration No. 52,652 Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, New York 11530 </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on Aug. 27, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <div style="text-align: center; margin-top: 20px;">  _____ <i>Signature of Person Mailing Correspondence</i> George Brieger _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div> </div> </div> </div>					
CC:					